Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 1 of 46

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|------|--|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your | e the name that is on government-issued ure identification (for mple, your driver's | Pauline First name | First name |
| | | ise or passport). | Middle name | Middle name |
| iden | Bring your picture dentification to your neeting with the trustee. | Shephard Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| 2. | | other names you have d in the last 8 years | Pauline Webb | |
| | | de your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security aber or federal vidual Taxpayer tification number | xxx-xx-1220 | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 2 of 46 Case number (if known)

Debtor 1 Pauline Shephard

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): ☐ I have not used any business name or EINs. Business name(s) | | | |
|------------|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | | | | |
| | Include trade names and doing business as names | Business name(s) | | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 512 S. 6th Avenue | If Debtor 2 lives at a different address: | | | |
| | | Maywood, IL 60153 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook | 0 | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| bankruptcy | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

Entered 09/20/17 09:33:35 Page 3 of 46 Case 17-28080 Doc 1 Filed 09/20/17 Desc Main

Document Case number (if known) Debtor 1 Pauline Shephard

| Par | t 2: Tell the Court About | Your E | Bankruptcy Ca | ise | | | |
|------------|---|-------------|----------------------------------|-------------------------------------|---|--|-------------------------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> f page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Ban. e box. | kruptcy |
| | choosing to file under | ■ Chapter 7 | | | | | |
| | | | Chapter 11 | | | | |
| | | | Chapter 12 | | | | |
| | | □ c | Chapter 13 | | | | |
| | | | | | | | |
| В. | How you will pay the fee | | about how yo | ou may pay. Typ attorney is sub | pically, if you are paying the fee yo | with the clerk's office in your local court for mourself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or court | , or money |
| | | | | | tallments. If you choose this option to (Official Form 103A). | n, sign and attach the Application for Individual | ls to Pay |
| | | | I request tha | t my fee be wa | aived (You may request this option | only if you are filing for Chapter 7. By law, a ju | |
| | | | but is not req applies to you | uired to, waive ur family size a | your fee, and may do so only if yond you are unable to pay the fee in | ur income is less than 150% of the official pove installments). If you choose this option, you me | rty line that ust fill out |
| | | | | | | ial Form 103B) and file it with your petition. | |
| 9. | Have you filed for | _ | | | | | |
| J . | bankruptcy within the | ■ N | | | | | |
| | last 8 years? | ☐ Ye | es. | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ N | 0 | | | | |
| | cases pending or being filed by a spouse who is | — N | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | 00. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your | ■ N | Go to I | ine 12. | | | |
| | residence? | | | ur landlord obt | ained an eviction judament agains | you and do you want to stay in your residence | .2 |
| | | □ Ye | _ | No. Go to line | | . you and do you want to stay in your residence | • : |
| | | | | | | ludement Accinct Vou (Farra 404A) and State | ith th:- |
| | | | | bankruptcy pe | | ludgment Against You (Form 101A) and file it w | viin this |
| | | | | | | | |

| | | Document | Page 4 of 46 | |
|----------|------------------|----------|------------------------|--|
| Debtor 1 | Pauline Shephard | | Case number (if known) | |

| Part | Report About Any Bu | sinesses | You Owr | n as a Sole Propriet | or | | |
|---|---|-----------|---|--|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | e and location of busi | iness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State & ZIP Code | | | | |
| | it to this petition. | | Chec | k the appropriate box | x to describe your business: | | |
| | | | | Health Care Busin | ess (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | r (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | s. If you in is, cash-f i.C. 1116 | ndicate that you are a low statement, and fo (1)(B). | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure | | |
| | For a definition of small | ■ No. | I am i | not filing under Chap | ter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am t Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Pari | Report if You Own or | Have Any | Hazardo | ous Property or Any | Property That Needs Immediate Attention | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? | ■ No. | What is | the hazard? | | | |
| | Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where i | s the property? | Number, Street, City, State & Zip Code | | |
| | | | | | Humbor, Onoc, Only, Olate & Zip Oode | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Page 5 of 46 Document

Debtor 1 **Pauline Shephard**

Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 6 of 46

| Deb | ptor 1 Pauline Shephard | | | Case number | (if known) | | | |
|-----|--|-------------------------|--|--|---|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | eporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | □ No. Go to line 16c. | sament of an eaght the operation of the sac | mode of invocations. | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | | we that are not consumer debts or busines | s debts | | | |
| | | | | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. D are paid that funds will be ava | o you estimate that after any exempt propailable to distribute to unsecured creditors? | erty is excluded and administrative expenses | | | |
| | administrative expenses | | ■ No | | | | | |
| | are paid that funds will be available for | | □ Yes | | | | | |
| | distribution to unsecured creditors? | | | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | ☐ 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 | | ☐ 5001-10,000 | 5 0,001-100,000 | | | |
| | owo. | 100-19 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| | | 200-99 | 99 | | | | | |
| 19. | How much do you | □ \$0 - \$ 5 | | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | _ | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$100 million | ☐ More than \$50 billion | | | |
| | | | | | | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 | 50,000 01 - \$100,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | to be? | - | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | |
| | | | 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| Par | t 7: Sign Below | | | | | | | |
| | you | I have exa | amined this petition, and I decl | are under penalty of perjury that the inforn | nation provided is true and correct. | | | |
| | | If I have o | hosen to file under Chapter 7. | I am aware that I may proceed, if eligible, | under Chapter 7, 11, 12, or 13 of title 11. | | | |
| | | | | elief available under each chapter, and I ch | | | | |
| | | | | ot pay or agree to pay someone who is no enotice required by 11 U.S.C. § 342(b). | t an attorney to help me fill out this | | | |
| | | I request | relief in accordance with the cl | hapter of title 11, United States Code, spec | cified in this petition. | | | |
| | | bankrupto and 3571 | cy case can result in fines up to | concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | | ne Shephard Shephard | Signature of Debto | r 2 | | | |
| | | | of Debtor 1 | Signature of Dobito | · - | | | |
| | | Executed | on September 20, 2017 | Executed on | | | | |
| | | | MM / DD / YYYY | MM | / DD / YYYY | | | |

Debtor 1 Pauline Shephard Document Page 7 of 46 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Robert | N. Honig | Date | September 20, 2017 |
|-----------------|------------------------|---------------|------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Robert N. I | Honig | | |
| Printed name | | | |
| Robert N. I | Honig | | |
| Firm name | | | |
| 116 S. Yor | k St. | | |
| Suite 215 | | | |
| Elmhurst, | IL 60126 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | (630) 834-1800 | Email address | robert@roberthonig.com |
| 6216254 | | | |
| Barnumbar & St | tate | | |

| Debtor 1 | Pauline Shephard | i | | |
|---------------------|--------------------------|-------------------|-------------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| • | | | |
|-----|---|-------------|---------------------------|
| Par | 1: Summarize Your Assets | | |
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 147,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 1,008.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 148,008.00 |
| Par | 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 134,636.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 44,507.65 |
| | Your total liabilities | \$ | 179,143.65 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,470.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,470.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | l, family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Debtor 1 Pauline Shephard _____ Document Page 9 of 46 Case number (if known) ______

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | ١. |
|----|--|----|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ |

\$_____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Ca | 136 17-20000 | DUCI | | ument | Page 10 of 46 | 1 09.55.5 | J Des | oc mani |
|--|------------------------------------|-----------------------|------------|----------------------------------|--|------------------|---------------|--|
| Fill in this inforn | nation to identify | your case and th | | | 1 mm. 10/1/140 | | | |
| Debtor 1 | Pauline Shep | ohard | | | | | | |
| | First Name | | e Name | | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | e Name | | Last Name | | | |
| United States Ba | nkruptcy Court for | the: NORTHER | N DISTE | RICT OF ILLIN | NOIS | | | |
| | ., ., | | | | | | | _ |
| Case number _ | | | | | _ | | | ☐ Check if this is an amended filing |
| | | | | | | | | Ç |
| Official Fo | rm 106A/B | 1 | | | | | | |
| | e A/B: Pr | - | | | | | | 12/15 |
| | | | an asset | only once. If a | an asset fits in more than one | category, list t | he asset in t | |
| hink it fits best. B | e as complete and a | ccurate as possibl | le. If two | married people | e are filing together, both are | equally respon | sible for sup | oplying correct |
| ntormation. It more Answer every ques | | ittach a separate si | neet to th | ils form. On the | e top of any additional pages | , write your nar | ne and case | number (if known). |
| Part 1. Decaribe | Each Basidanas Bu | ilding Land or Ot | har Daal | Estata Valu Ou | un ar Hava an Interact In | | | |
| Part 1: Describe | Each Residence, Bu | iliding, Land, or Ot | ner Keai | Estate You Ow | vn or Have an Interest In | | | |
| . Do you own or h | nave any legal or eq | uitable interest in a | ıny reside | ence, building, | land, or similar property? | | | |
| ☐ No. Go to Part | t 2. | | | | | | | |
| Yes. Where is | s the property? | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1.1 | _ | | What | is the property | ? Check all that apply | | | |
| 512 S. 6th | Avenue if available, or other desc | crintion | | Single-family h | nome | | | ims or exemptions. Put |
| Street address, | ii avaliable, oi otilei dest | лрион | | Duplex or mul | ū | | | I claims on Schedule D: as Secured by Property. |
| | | | | Condominium | or cooperative | | | |
| | | | | Manufactured | or mobile home | Current value | e of the | Current value of the |
| Maywood | IL | 60153-0000 | | Land | | entire proper | rty? | portion you own? |
| City | State | ZIP Code | | Investment pro | operty | \$147 | ,000.00 | \$147,000.00 |
| | | | | Other | | | | our ownership interest |
| | | | Who I | | in the property? Check one | a life estate), | if known. | ancy by the entireties, or |
| | | | | Debtor 1 only | | Fee simple | e | |
| Cook | | | | Debtor 2 only | | | | |
| County | | | | Debtor 1 and I | , | ☐ Check if | this is com | munity property |
| | | | | | f the debtors and another | (see instru | ictions) | |
| | | | | information your information you | ou wish to add about this iter on number: | n, such as loca | ı | |
| | | | | ntererst | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | rom Part 1, including any | | > | \$147,000.00 |
| | Your Vehicles | | | | | | | |
| Part 2. Describe | Tour vernicles | | | | | | | |
| | | | | | whether they are registere | | | hicles you own that |
| omeone eise anv | es. Il you lease a | venicie, also repo | n n on S | criedule G. E. | xecutory Contracts and Une | expired Leases | š. | |
| B. Cars, vans, tru | ucks, tractors, sp | ort utility vehicle | s, moto | rcycles | | | | |
| ■ No | | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

☐ Yes

| Debtor 1 | Pauline Shephard | Document | Page 1 | L1 of 46 Case numl | oer (if known) | |
|-----------------------------------|---|--|-----------------|---------------------------|----------------|---|
| 4. Waterci | raft, aircraft, motor homes, ATVs | | | vehicles, and acces | sories | |
| <i>Ехатр</i> іє | es: Boats, trailers, motors, personal | watercraft, fishing vessels, | snowmobiles | , motorcycle accessor | ies | |
| ■ No | | | | | | |
| ☐ Yes | | | | | | |
| | e dollar value of the portion you you have attached for Part 2. Wr | _ | | • . | | \$0.00 |
| Part 3: De | escribe Your Personal and Househol | d Items | | | | |
| · | wn or have any legal or equitable | interest in any of the follo | owing items? | ? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examp □ No | nold goods and furnishings les: Major appliances, furniture, lind | ens, china, kitchenware | | | | |
| Yes. | Describe | | | | | |
| | lounge chair coffee/end ta | pical household furnish s, 1 kitchen table set, 1 bles, 1 desk set, 2 beds en appliances. | television (| cabinet, 4 lamps., | 3 | \$500.00 |
| | typical kitche | п аррпансез. | | | | |
| □ No ■ Yes. | Describe 3 televisions | , 1 DVD player. | | | | \$200.00 |
| | | , p, | | | | · · · · · · · · · · · · · · · · · · · |
| | ibles of value les: Antiques and figurines; paintin other collections, memorabilia | | ooks, picture | es, or other art objects | stamp, coin, | or baseball card collections; |
| | Describe | | | | | |
| | nent for sports and hobbies les: Sports, photographic, exercise musical instruments | , and other hobby equipmen | t; bicycles, po | ool tables, golf clubs, s | skis; canoes a | and kayaks; carpentry tools; |
| | Describe | | | | | |
| ■ No | ms ples: Pistols, rifles, shotguns, amm Describe | unition, and related equipme | ent | | | |
| | es ples: Everyday clothes, furs, leathe | er coats, designer wear, sho | es, accessorie | es | | |
| □ No ■ Yes. | Describe | | | | | |
| | used clothing | | | | _ | **** |
| | | g | | | | \$100.00 |
| | | <u> </u> | | | | \$100.00 |
| 12. Jewel i <i>Exam</i> | | | edding rings, | heirloom jewelry, wato | ches, gems, g | |

Schedule A/B: Property

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main

Official Form 106A/B

| Debtor 1 | Case 17-2 | | Doc 1 | Filed 09/20/17 Document | | red 09/20/17 09:33:39 L2 of 46 Case number (if knot | |
|--|---|--------------------------|--------------------------------|--|-----------------|---|---|
| | r damie enep | niai u | | | | _ | , |
| Exai | farm animals mples: Dogs, cats, b | irds, hors | es | | | | |
| ■ No □ Ye | s. Describe | | | | | | |
| 14. Any (| other personal and | l househo | old items yo | u did not already list, i | ncluding a | ny health aids you did not lis | 1 |
| ■ No | s. Give specific info | rmation | | | | | |
| — 16. | s. Oive specific fillo | iiiialioii | | | | | |
| | | | | om Part 3, including a | | for pages you have attached | \$800.00 |
| Part 4: | Describe Your Financ | ial Assets | | | | | |
| | | | uitable inter | est in any of the follow | /ing? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | mples: Money you h | • | | our home, in a safe dep | osit box, and | d on hand when you file your po | etition |
| | | | | | | Cash | \$8.00 |
| Exar | institutions. I | | | al accounts; certificates of counts with the same ins | stitution, list | shares in credit unions, brokera each. | ge houses, and other similar |
| | | 17.1. | Checking | Self Help | Credit Ur | nion | \$200.00 |
| 18. Bono <i>Exai</i> ■ No | | or publicly investmer | / traded stoo tt accounts w | cks ith brokerage firms, mor | ney market | accounts | |
| ☐ Ye | S | lı | nstitution or is | ssuer name: | | | |
| | venture | ock and ir | nterests in in | corporated and uninc | orporated b | businesses, including an inte | rest in an LLC, partnership, and |
| | s. Give specific info | | bout them e of entity: | | | % of ownership: | |
| Neg | otiable instruments i -negotiable instrume | nclude pe | rsonal check | r negotiable and non-nas, cashiers' checks, pro not transfer to someone | missory not | tes, and money orders. | |
| ☐ Ye | s. Give specific infor | | oout them er name: | | | | |
| | • | | | 1(k), 403(b), thrift saving | js accounts, | , or other pension or profit-shar | ing plans |
| | s. List each account | | ly. account: | Institution r | name: | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Page 13 of 46

Case number (if known) Document Debtor 1 **Pauline Shephard** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information..

No

| | | | Doc 1 | Filed 09/20/17 Document | Page 14 of 46 | Desc Main |
|--------------|----------------------|---|-------------------|----------------------------|---|-------------------|
| Debt | tor 1 | Pauline Shephard | | | Case number (if known |) |
| | <i>Examp</i> I No | against third parties, who les: Accidents, employmen Describe each claim | | | it or made a demand for payment s to sue | |
| | 1 165. | Describe each daim | | | | |
| | | ontingent and unliquidate | ed claims of e | every nature, includin | g counterclaims of the debtor and rights | to set off claims |
| | No | | | | | |
| | J Yes. | Describe each claim | | | | |
| 35. A | Any fin | ancial assets you did not | already list | | | |
| | No | | | | | |
| | l Yes. | Give specific information | | | | |
| | | | | | | |
| 36. | | ne dollar value of all of yo rt 4. Write that number he | | | ny entries for pages you have attached | \$208.00 |
| | | | | | | |
| Part : | 5: Des | cribe Any Business-Related | Property You (| Own or Have an Interest | In. List any real estate in Part 1. | |
| 27 D | | wn or have any legal or equi | table interest is | any husiness related n | romorty? | |
| _ | • | to Part 6. | table interest ii | i any business-relateu p | roperty? | |
| | | o to line 38. | | | | |
| | res. G | o to line 38. | | | | |
| Part | | ccribe Any Farm- and Comme ou own or have an interest in fa | | | n or Have an Interest In. | |
| 46. C | Do you | own or have any legal or | equitable int | erest in any farm- or | commercial fishing-related property? | |
| | ■ No. 0 | Go to Part 7. | | | | |
| - | ☐ Yes. | Go to line 47. | | | | |
| | | | | | | |
| Part ' | 7: | Describe All Property You | Own or Have ar | Interest in That You Did | d Not List Above | |
| | Examp | have other property of ar les: Season tickets, country | | | | |
| | No | | | | | |
| L | l Yes. (| Give specific information | | | | |
| 54. | Add th | ne dollar value of all of yo | our entries fro | om Part 7. Write that n | umber here | \$0.00 |
| Part | 8: | List the Totals of Each Part of | of this Form | | | |
| 55. | Part 1 | · Total real estate line 2 | | | | ¢4.47.000.00 |
| | | : Total vehicles, line 5 | | | | \$147,000.00 |
| 56. 57. | | : Total venicles, line 5 | sahold itams | | \$0.00 \$800.00 | |
| 57. 58. | | : Total personal and nous | | | \$800.00 \$208.00 | |
| | | : Total hilancial assets, ii : Total business-related p | | 45 | \$0.00 | |
| | | : Total business-related p | | | \$0.00 \$0.00 | |

63. **Total of all property on Schedule A/B**. Add line 55 + line 62

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

\$148,008.00

\$1,008.00

\$0.00

Copy personal property total

\$1,008.00

| | | DOCUME | <u>:ni Pade 15 01 46</u> | |
|---------------------|-------------------------|-------------------|--------------------------|--|
| Fill in this inforr | mation to identify your | case: | | |
| Debtor 1 | Pauline Shephare | d | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | ptions are | you claiming? | Check one only | , even if | your spouse is | s filing with | vou. |
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
|---|--|---|---|------------------------------------|--|
| | Copy the value from Check only one box for each exemption. | | eck only one box for each exemption. | | |
| 512 S. 6th Avenue Maywood, IL 60153 Cook County | \$147,000.00 | | \$15,000.00 | 735 ILCS 5/12-901 | |
| 1/3 intererst Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Usual and typical household furnishings including 3 sofas, 2 | \$500.00 | | 100% | 735 ILCS 5/12-1001(b) | |
| lounge chairs, 1 kitchen table set, 1 television cabinet, 4 lamps., 3 coffee/end tables, 1 desk set, 2 beds, 2 nightstands/dressers, 3 typical kitchen appliances. Line from Schedule A/B: 6.1 | | □ 100% of fair market value, up to any applicable statutory limit | | | |
| 3 televisions, 1 DVD player. Line from Schedule A/B: 7.1 | \$200.00 | | 100% | 735 ILCS 5/12-1001(b) | |
| Line Irom Scriedule A/B. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| used clothing | \$100.00 | | 100% | 735 ILCS 5/12-1001(a) | |
| LINE HOTH SCHEUUIE AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 16 of 46 Case number (if known) Debtor 1 Pauline Shephard Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Cash 735 ILCS 5/12-1001(b) \$8.00 \$8.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking: Self Help Credit Union** 735 ILCS 5/12-1001(b) \$200.00 100% Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

| 3. | Are you claiming a | homestead | exemption | of more | than | \$160,37 | 5? |
|----|--------------------|-----------|-----------|---------|------|----------|----|
|----|--------------------|-----------|-----------|---------|------|----------|----|

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - No
 - Yes

| | Case 17-28080 | Doc 1 Filed 09/20/17 Document | Entered | 09/20/17 09:3 | 3:35 Desc M | lain |
|--------------------------------|---|---|-------------------------------|--|--|----------------------------|
| Fill in this i | nformation to identify you | | | ()) - () | | |
| Debtor 1 | Pauline Shepha | ard | | | | |
| | First Name | | Last Name | | | |
| Debtor 2 (Spouse if, filing | g) First Name | Middle Name | Last Name | | | |
| United State | es Bankruptcy Court for the | : NORTHERN DISTRICT OF ILLIN | IOIS | | | |
| Case number (if known) | er | | | | _ | if this is an ed filing |
| | orm 106D Lile D: Creditors | s Who Have Claims S | ecured | by Property | | 12/15 |
| | py the Additional Page, fill it | If two married people are filing together out, number the entries, and attach it to | | | | |
| . Do any cre | ditors have claims secured b | y your property? | | | | |
| □ No. 0 | Check this box and submit t | his form to the court with your other so | chedules. You | u have nothing else to | report on this form. | |
| _ | Fill in all of the information | • | | ŭ | • | |
| | | below. | | | | |
| | ist All Secured Claims | | | Column A | Column B | Column C |
| for each claim | If more than one creditor has | more than one secured claim, list the credit s a particular claim, list the other creditors in ical order according to the creditor's name. | or separately n Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 211 | ngton Mortgage | | | £424 C2C 00 | ¢4.47.000.00 | ¢0.00 |
| Servi | | Describe the property that secures the | | \$134,636.00 | \$147,000.00 | \$0.00 |
| Creditor' | s Name | 512 S. 6th Avenue Maywood, 60153 Cook County 1/3 intererst | IL | | | |
| _ | Box 5001 field, IN 46074 | As of the date you file, the claim is: Chapply. Contingent | eck all that | | | |
| Number | , Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes t | he debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 o | only | An agreement you made (such as mo | ortgage or secu | red | | |
| Debtor 2 o | • | car loan) | origago or cood | 100 | | |
| Debtor 1 a | and Debtor 2 only | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | |
| At least or | ne of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| Check if to | this claim relates to a lity debt | ☐ Other (including a right to offset) | | | | |
| Date debt wa | as incurred 11/20/09 | Last 4 digits of account numbe | r <u>9799</u> | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$134,636.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$134,636.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | AGC 17 20000 D | Document | Page 18 | 8 of 46 | J.00.00 DC3 | o mani |
|--|---|---|---------------------------------|---|--|---|
| Fill in this info | rmation to identify your ca | | | | | |
| Debtor 1 | Pauline Shephard | | | | | |
| DODIO! ! | First Name | Middle Name | Last Name | | _ | |
| Debtor 2 | | | | | _ | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILI | LINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | c | heck if this is an |
| | | | | | aı | mended filing |
| Official Ear | m 106E/E | | | | | |
| | rm 106E/F | a Hava Haaaaurad | Claima | | | 10/15 |
| | | no Have Unsecured Part 1 for creditors with PRIORIT | | D. 406 | I NONDRIGOTY III | 12/15 |
| Schedule G: Exe Schedule D: Cred eft. Attach the C | cutory Contracts and Unexpir ditors Who Have Claims Secu | nat could result in a claim. Also I ed Leases (Official Form 106G). D red by Property. If more space is . If you have no information to re | o not include needed, copy t | any creditors with par the Part you need, fill | rtially secured claims it out, number the ent | that are listed in ries in the boxes on the |
| Part 1: List | All of Your PRIORITY Uns | ecured Claims | | | | |
| 1. Do any cred | itors have priority unsecured | claims against you? | | | | |
| No. Go to | Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: List | All of Your NONPRIORITY | Unsecured Claims | | | | |
| 3. Do any cred | itors have nonpriority unsecu | red claims against you? | | | | |
| ☐ No. You I | nave nothing to report in this par | t. Submit this form to the court with | your other sche | edules. | | |
| Yes. | | | | | | |
| unsecured c | aim, list the creditor separately t | ms in the alphabetical order of the for each claim. For each claim listed the other creditors in Part 3.If you l | I, identify what t | type of claim it is. Do no | t list claims already inc | luded in Part 1. If more |
| | | | | | | Total claim |
| | can Express | Last 4 digits of acc | ount number | 3001 | | \$17,651.50 |
| | rity Creditor's Name | When was the debt | inquerod? | | | |
| Box 0 Los A | ngeles, CA 90096-0001 | When was the debi | incurrear | | | |
| Number | Street City State Zlp Code | As of the date you | file, the claim i | is: Check all that apply | | |
| Who in | curred the debt? Check one. | | | | | |
| Deb | tor 1 only | ☐ Contingent | | | | |
| ☐ Deb | tor 2 only | ☐ Unliquidated | | | | |
| ☐ Deb | tor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At le | ast one of the debtors and anot | _ | ITY unsecured | d claim: | | |
| | ck if this claim is for a comm | <u> </u> | | | | |
| debt Is the c | laim subject to offset? | Obligations arising priority clai | | aration agreement or div | orce that you did not | |
| ■ No | 545,001 10 0115011 | | | ng plans, and other simil | lar debts | |
| ☐ Yes | | Other. Specify | • | | | |
| □ res | | Other. Specify | or cuit caru | Parchases | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 19 of 46

Debtor 1 Pauline Shephard Case number (if know) 4.2 \$3,059.53 **Capital One** Last 4 digits of account number 5618 Nonpriority Creditor's Name P.O. Box 6492 When was the debt incurred? Carol Stream, IL 60197-6492 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card purchases ☐ Yes 4.3 **Credit One Bank** Last 4 digits of account number 8253 \$1,169.45 Nonpriority Creditor's Name P.O. Box 80015 When was the debt incurred? Los Angeles, CA 90080-0015 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No credit card purchases ☐ Yes Other. Specify 4.4 **Home Depot Credit Services** Last 4 digits of account number \$992.05 9639 Nonpriority Creditor's Name PO Box 78011 When was the debt incurred? Phoenix, AZ 85062-8011 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify credit card purchases

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 20 of 46
Case number (if know)

| Debtor | 1 Pauline Shephard | Case number (if know) | |
|--------|---|---|-------------|
| 4.5 | Macy's | Last 4 digits of account number 6870 | \$3,673.89 |
| | Nonpriority Creditor's Name PO Box 9001094 | When was the debt incurred? | |
| | Louisville, KY 40290-1094 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify credit card purchases | |
| 4.6 | Sears Credit Cards | Last 4 digits of account number 6436 | \$14,986.62 |
| | Nonpriority Creditor's Name PO Box 78051 Phoenix, AZ 85062-8051 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify credit card purchases | |
| 4.7 | SST Card Services | Last 4 digits of account number 7709 | \$2,974.61 |
| | Nonpriority Creditor's Name P.O. Box 23060 Columbus, GA 31902 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify credit card purchases | |
| | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Case 17-28080 Page 21 of 46 Case number (if know) Document

Debtor 1 Pauline Shephard

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | • | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 44,507.65 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 44,507.65 |

| Fill in this information to identify your case: |
|---|
| Debtor 1 Pauline Shephard |
| First Name Middle Name Last Name |
| Debtor 2 |
| (Spouse if, filing) First Name Middle Name Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |
| Case number |
| (if known) |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

| | | Documer | nt Page 23 of 4 | .6 | |
|----------------|---|---|-------------------------------|--|------------------------------|
| Fill in th | is information to identify your ca | ise: | | | |
| Debtor 1 | Pauline Shephard | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, | filing) First Name | Middle Name | Last Name | | |
| United S | tates Bankruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Case nui | mbor | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Officia | al Form 106H | | | | |
| Sche | dule H: Your Code | btors | | | 12/15 |
| | | | | | |
| people ar | rs are people or entities who are re filing together, both are equal and number the entries in the been and case number (if known). | y responsible for supploxes on the left. Attach | ying correct information. | If more space is needed, | copy the Additional Page, |
| 1. D | o you have any codebtors? (If yo | u are filing a joint case, de | o not list either spouse as a | a codebtor. | |
| □N | 0 | | | | |
| ■ Y | | | | | |
| | | | | | |
| | ithin the last 8 years, have you li ona, California, Idaho, Louisiana, N | | | | and territories include |
| ■ N | o. Go to line 3. | | | | |
| | es. Did your spouse, former spous | e, or legal equivalent live | with you at the time? | | |
| | , , | -,g q | , | | |
| in lir Forr | olumn 1, list all of your codebtor ne 2 again as a codebtor only if t n 106D), Schedule E/F (Official F Column 2. | hat person is a guaranto | or or cosigner. Make sure | you have listed the cred | itor on Schedule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZIP (| Code | | Column 2: The creditor to Check all schedules that a | whom you owe the debt |
| | s,, zoi, oii, oiaio and zii | | | Origin all soffedules that a | APPIY. |
| 2.4 | Detricio Ellio | | | | |
| 3.1 | Patricia Ellis 512 - 6th Ave. | | | Schedule D, line | |
| | Maywood, IL 60153 | | | ☐ Schedule E/F, line _ | |
| | , | | | ☐ Schedule G Carrington Mortgage S | Corvinos |
| | | | | Carrington Mortgage | Services |
| | | | | | |
| 3.2 | Johnny L. Webb | | | ■ Schedule D, line | 2.1 |
| | 512 S. 6th Ave. | | | ☐ Schedule E/F, line | |
| | Maywood, IL 60153 | | | ☐ Schedule G | |
| | | | | Carrington Mortgage S | Services |
| | | | | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 24 of 46

| Fill | in this information to identify your c | ase. | | | | 1 | | | |
|---------------|---|---------------------------|---|-----------|------|-----------------|---------------------------|---------------------------|---------|
| | otor 1 Pauline She | | | | | | | | |
| | otor 2 ouse, if filing) | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number | | - | | | | ded filing ment showir | ng postpetition | |
| O | fficial Form 106I | | | | | MM / DD | / YYYY | | |
| S | chedule I: Your Inc | ome | | | | WIIWI / BB | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment | ır spouse is not filing w | ith you, do not inclu | ıde infor | mati | on about your s | pouse. If m | ore space is | needed, |
| ١. | information. | | Debtor 1 | | | Debto | r 2 or non-f | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ☐ Employed■ Not employed | | | | ployed employed | | |
| | employers. | Occupation | Retired | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed t | here? | | | | | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | |
| spou If yo | mate monthly income as of the duse unless you are separated. u or your non-filing spouse have me space, attach a separate sheet to | ore than one employer, co | | | | | · | · | |
| | o opavo, anaon a separate sneet to | and form. | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.0 | D \$ | N/A | |
| 3. | Estimate and list monthly over | ime pay. | | 3. | +\$ | 0.0 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 25 of 46

| Debto | or 1 | Pauline Shephard | - | Cas | e number (if known) | | | | |
|-------|-----------------------------|---|-----------|------------------|---------------------|--------|-----------------------|-------------|---------|
| | | | | | or Debtor 1 | non-f | Debtor 2 or | ıse | |
| | Cop | by line 4 here | 4. | \$ | 0.00 | \$ | | N/A | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | ļ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | | N/A | |
| | 5g. | Union dues | 5g. | \$ + \$ | 0.00 | | | N/A | |
| _ | 5h. | Other deductions. Specify: | _ 5h | т ф _. | 0.00 | - | | N/A | |
| | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | į | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | 8e. | \$ | 735.00 | \$ | | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security for disabled adult son Pension or retirement income | 8f. | \$ \$ | 735.00 | \$ | | N/A | |
| | 8g. 8h. | Other monthly income. Specify: | 8g. 8h | | 0.00 | · · | | N/A N/A | |
| | OII. | | _ 011. | 'Ψ <u>-</u> | 0.00 | 'Ψ | | <u> </u> | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 1,470.00 | \$ | | N/A | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | ; | 1,470.00 + \$ | | N/A = 9 | 1 | ,470.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ' | | 1,11000 | | | | , 0.00 |
| 11. | Stat Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | deper | | | • | chedule J. 11. +\$ | · | 0.00 |
| | | I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | 12. \$ _ | 1 mbined | ,470.00 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | ncome |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 26 of 46

| Fill in this | information to identify yo | our case: | | | | | |
|-------------------------|--|--------------------------|-----------------------|-----------------------|-----------------|-------------------|--|
| Debtor 1 | Pauline She | | | | Chec | ck if this is: | |
| Debtor 2 | <u> </u> | priai u | | | | An amended filing | of a sure and a contract of |
| (Spouse, if | filing) | | | | | 13 expenses as of | wing postpetition chapter the following date: |
| United Star | tes Bankruptcy Court for the | : NORTHERN DIST | RICT OF ILLIN | OIS | - | MM / DD / YYYY | |
| Case numl (If known) | per | | _ | | | | |
| Officia | al Form 106J | | | | • | | |
| Sche | dule J: Your | Expenses | | | | | 12/1 |
| Be as co | mplete and accurate as ion. If more space is ne (if known). Answer eve | s possible. If two ma | | | | | |
| Part 1: | Describe Your House | ehold | | | | | |
| | is a joint case? | | | | | | |
| | lo. Go to line 2. 'es. Does Debtor 2 live | in a separate housel | nold? | | | | |
| | □ No | st file Official Form 10 | | for Separate House | ehold of Deb | tor 2. | |
| 2. Do y | ou have dependents? | □ No | | | | | |
| | not list Debtor 1 and tor 2. | YAS | information for ndent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| Do r | ot state the | | | - | | | □ No |
| depe | endents names. | | | Son | | 39 | ■ Yes |
| | | | | | | | □ No □ Yes |
| | | | | - | | | □ No |
| | | | | | | _ | ☐ Yes |
| | | | | | | | □ No |
| 3. Do v | our expenses include | = | | | | | ☐ Yes |
| expe | enses of people other t rself and your depende | 111/00 | | | | | |
| | s as of a date after the | our bankruptcy filing | g date unless y | | | | apter 13 case to report of the form and fill in the |
| the value | expenses paid for with of such assistance an Form 106l.) | | | | | Your exp | enses |
| (0 | | | | | | | |
| | rental or home owners nents and any rent for th | | ur residence. I | nclude first mortgage | e 4. \$ | S | 462.00 |
| If no | ot included in line 4: | | | | | | |
| 4a. | Real estate taxes | | | | 4a. \$ | . | 0.00 |
| 4b. | Property, homeowner's | | | | 4b. \$ | | 0.00 |
| 4c. | Home maintenance, re | | | | 4c. \$ | | 50.00 |
| 4d. 5. Add | Homeowner's associational mortgage payme | | | me equity loans | 4d. \$ 5. \$ | | 0.00 |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 27 of 46

| Debt | or 1 _F | Pauline S | hephard | _ Case nun | nber (if known) | |
|------------|----------------|-----------------------------|---|------------------------|-----------------|----------------------------|
| 6. | Utilities | e. | | | | |
| υ. | | | heat, natural gas | 6a. | \$ | 100.00 |
| | | | er, garbage collection | 6b. | | 30.00 |
| | | | cell phone, Internet, satellite, and cable services | 6c. | | 50.00 |
| | | Other. Spe | • | 6d. | | 0.00 |
| | | | keeping supplies | od. 7. | · | |
| | | | | | | 450.00 |
| | | | nildren's education costs | 8. | | 0.00 |
| | | - | y, and dry cleaning | 9. | · · | 75.00 |
| | | | oducts and services | 10. | | 40.00 |
| | | | tal expenses | 11. | \$ | 50.00 |
| 2. | | | Include gas, maintenance, bus or train fare. | 12. | \$ | 80.00 |
| , | | | r payments. | 13. | · - | 40.00 |
| | | | lubs, recreation, newspapers, magazines, and books | | · · | |
| | | | ibutions and religious donations | 14. | \$ | 43.00 |
|). | Insurar | | surance deducted from your new or included in lines 4 or 20 | | | |
| | | ıncıude ins Life insuran | surance deducted from your pay or included in lines 4 or 20 |). 15a. | \$ | 0.00 |
| | | lie insurar Health insu | | | | 0.00 |
| | | | | 15b. | · - | 0.00 |
| | | /ehicle insi | | 15c. | | 0.00 |
| | | | ance. Specify: | 15d. | \$ | 0.00 |
| ن . | | | clude taxes deducted from your pay or included in lines 4 o | | • | |
| _ | Specify | | | 16. | \$ | 0.00 |
| 7. | | | ase payments: | 47- | • | 0.00 |
| | | | nts for Vehicle 1 | 17a. | · - | 0.00 |
| | | | nts for Vehicle 2 | 17b. | | 0.00 |
| | | Other. Spec | • | 17c. | · | 0.00 |
| | | Other, Spec | · · | 17d. | \$ | 0.00 |
| 3. | | | of alimony, maintenance, and support that you did not | | ¢ | 0.00 |
| | | | our pay on line 5, Schedule I, Your Income (Official Fo | rm 106I). | · - | |
| J. | _ | - | you make to support others who do not live with you. | 40 | \$ | 0.00 |
| | Specify | | | 19. | | |
|). | | | rty expenses not included in lines 4 or 5 of this form o | | | 0.00 |
| | | | on other property | 20a. | | 0.00 |
| | | Real estate | | 20b. | · <u> </u> | 0.00 |
| | | | omeowner's, or renter's insurance | 20c. | | 0.00 |
| | 20d. N | Maintenand | ce, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. ⊢ | Homeowne | r's association or condominium dues | 20e. | \$ | 0.00 |
| ١. | Other: | Specify: | | 21. | +\$ | 0.00 |
| , | 0-11- | - 4 | | | | |
| ۷. | | • | nonthly expenses | | | 4 470 00 |
| | | | hrough 21. | 40010 | \$ | 1,470.00 |
| | | | (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | \$ | |
| | 22c. Ad | dd line 22a | and 22b. The result is your monthly expenses. | | \$ | 1,470.00 |
| , | Calaula | ato vour = | nonthly net income. | | | |
| ۶. | | • | • | 222 | ¢ | 4 470 00 |
| | | | 2 (your combined monthly income) from Schedule I. | 23a. | · - | 1,470.00 |
| | ∠3D. C | opy your i | monthly expenses from line 22c above. | 23b. | -\$ | 1,470.00 |
| | 220 0 | Subtract : | us monthly avanages from your monthly income | | | |
| | | | our monthly expenses from your monthly income. s your monthly net income. | 23c. | \$ | 0.00 |
| | ı | ne result l | a your monuny necinicome. | 200. | | |
| 4 | Do νου | ı expect aı | n increase or decrease in your expenses within the yea | ar after you file this | s form? | |
| ٠. | | | u expect to finish paying for your car loan within the year or do you | | | ease or decrease because o |
| | | | erms of your mortgage? | . , | . , | |
| | | | | | | |
| | | Γ | Explain hara: | | | |
| | ■ No. □ Yes. | _ | erms of your mortgage? Explain here: | | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 28 of 46

| Debtor 1 | Pauline Shepl | nard | | |
|---------------------|------------------------|-----------------------|-------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for th | ne: NORTHERN DISTRICT | OF ILLINOIS | |
| (if known) | | | | ☐ Check if this is an amended filing |

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | | | | | | | | | |
|----|---|-------|--|--|--|--|--|--|--|--|--|
| Di | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | | | | |
| | No | | | | | | | | | | |
| | Yes. Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | | | | | | |
| | der penalty of perjury, I declare that I have read the summary a t they are true and correct. | ınd s | chedules filed with this declaration and | | | | | | | | |
| X | /s/ Pauline Shephard | Х | | | | | | | | | |
| | Pauline Shephard Signature of Debtor 1 | | Signature of Debtor 2 | | | | | | | | |
| | Date September 20, 2017 | | Date | | | | | | | | |

Official Form 106Dec

| Fill | in this <u>inform</u> | nation to identify you | case: | | | |
|-------------|---|--|--|---|--|---|
| | tor 1 | Pauline Shephar | | | | |
| | | First Name | Middle Name | Last Name | | |
| | tor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| _ | | . , | | | | |
| (if kn | e number | | | | _ | Check if this is an amended filing |
| Sta Be a | s complete a | of Financial | ble. If two married people a | | equally responsible for sup | |
| | | i). Answer every ques | | this form. On the top of any | y additional pages, write yo | ui name and case |
| | | | rital Status and Where You | ı Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | ☐ Married■ Not married | ried | | | | |
| 2. | During the la | ıst 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | t all of the places you l | ived in the last 3 years. Do n | ot include where you live now | <i>ı</i> . | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territor ico, Texas, Washington and V | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | Explain | n the Sources of You | r Income | | | |
| | Fill in the tota | I amount of income yo | u received from all jobs and | ng a business during this you all businesses, including part e together, list it only once ur | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$200.00 | ☐ Wages, commissions, bonuses, tips | , |
| | | | Operating a business | | ☐ Operating a business | |

Official Form 107

Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Case 17-28080 Page 30 of 46
Case number (if known) Document

Debtor 1 Pauline Shephard

| | | | | Debtor 1 | | Debtor 2 | |
|----|---------------------------------------|---|--|--|---|---|---|
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| | r last calen anuary 1 to | | 31, 2016) | ☐ Wages, commissions, bonuses, tips | \$300.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | Operating a business | | ☐ Operating a business | |
| | r the calend anuary 1 to | | | ☐ Wages, commissions, bonuses, tips | \$300.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | Operating a business | | ☐ Operating a business | |
| 5. | Include include and other winnings. I | come regard public benef f you are fili | less of wheth it payments; ng a joint cas he gross inco | pensions; rental income; interese and you have income that | amples of other income are a | · | |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | om January e date you f | | nt year until kruptcy: | Social Security Benefits | \$5,880.00 | | |
| | r last calen anuary 1 to | | 31, 2016) | Social Security Benefits | \$8,796.00 | | |
| | r the calend anuary 1 to | | | Social Security Benefits | \$8,796.00 | | |
| Pa | rt 3: List | Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | |
| 6. | Are either ☐ No. | Neither De | btor 1 nor D | 's debts primarily consume bebtor 2 has primarily consu personal, family, or househo | u <mark>mer debts.</mark> Consumer debts | s are defined in 11 U.S.C. § 10 | 01(8) as "incurred by an |
| | | | 90 days befo | re you filed for bankruptcy, di | id you pay any creditor a total | of \$6,425* or more? | |
| | | □ No. | Go to line 7 | | | | |
| | | Yes | paid that cre not include | editor. Do not include paymer payments to an attorney for t | nts for domestic support oblig his bankruptcy case. | n one or more payments and a ations, such as child support a or after the date of adjustmen | and alimony. Also, do |
| | ■ Vaa | | , | r both have primarily consu | | o. and the date of adjustificin | |
| | – 165. | | | | id you pay any creditor a total | of \$600 or more? | |
| | | ■ No. | Go to line 7 | | | | |
| | | □ Yes | List below e | each creditor to whom you pa | | the total amount you paid that the total amount you paid that the total alimony. Also, do not | |

attorney for this bankruptcy case.

Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Case 17-28080

Page 31 of 46
Case number (if known) Document Debtor 1 Pauline Shephard

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pay | ment for |
|--|---|--|--|--|-----------------------------------|--|
| 7. | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger control, or owner of 20% of | neral partners; partners partners or more of their votin | erships of which yong securities; and ar | u are a general ny managing ag | partner; corporations ent, including one for |
| | NoYes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the | his payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer | any property on a | ccount of a del | ot that benefited an |
| | No | | | | | |
| | ☐ Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credit | |
| | | | paiu | Still Owe | molade credit | or s name |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or at List all such matters, including personal injury cases, small claims actions, divorces, collection suits, parmodifications, and contract disputes. | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below | | erty repossessed, | foreclosed, garnis | hed, attached, | seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | d | | | property |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No | | luding a bank or fi | nancial institution | , set off any an | nounts from your |
| | Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | Describe the action the | e creditor took | Date : taken | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | erty in the possess | sion of an assigne | e for the benef | it of creditors, a |
| | ■ No □ Yes | | | | | |

Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Case 17-28080

Page 32 of 46
Case number (if known) Document Debtor 1 Pauline Shephard

| Pai | t 5: List Certain Gifts and Contribution | ns | | | | | |
|-----|--|----------|--|-----------------------------------|---------------------------|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No □ Yes. Fill in the details for each gift. | | | | | | |
| | Gifts with a total value of more than \$6 per person | 600 | Describe the gifts | Dates you gave the gifts | Value | | |
| | Person to Whom You Gave the Gift and Address: | d | | | | | |
| 14. | Within 2 years before you filed for bank ☐ No ☐ Yes. Fill in the details for each gift or | | lid you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | total | Describe what you contributed | Dates you contributed | Value | | |
| | Greater Way Missionary Babtist Cl Chicago, IL | | \$10 per week | Weekly | \$1,000.00 | | |
| Pai | rt 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankry or gambling? ■ No □ Yes. Fill in the details. | uptcy or | since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | |
| Pa | t 7: List Certain Payments or Transfer | rs | | | | | |
| 16. | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No | preparir | d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require | | rty to anyone you | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | |
| | Robert N. Honig 116 S. York St. Suite 215 Elmhurst, IL 60126 robert@roberthonig.com | | Attorney Fees | September, 2017 | \$700.00 | | |
| | CC Advising, Inc. 703 Washington Ave. Ste. 200 Bay City, MI 48708 | | Credit counselling | | \$10.00 | | |

Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Case 17-28080 Page 33 of 46 Case number (if known) Document

Debtor 1 Pauline Shephard

| 17. | Within 1 year before you filed for bankruptcy, die promised to help you deal with your creditors or Do not include any payment or transfer that you liste No Yes. Fill in the details. | to make payments | | | transfer any propert | y to anyone who | |
|-----|--|--|----------------------------|---------------|---|---|--|
| | ☐ Yes. Fill in the details. Person Who Was Paid Address | Description and vatransferred | alue of any proper | ty | Date payment or transfer was made | Amount of payment | |
| 18. | Within 2 years before you filed for bankruptcy, detransferred in the ordinary course of your busing Include both outright transfers and transfers made a include gifts and transfers that you have already list. No Yes. Fill in the details. | ess or financial affairs security (such as the | irs? | | • | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | | ny property or received or debts hange | Date transfer was made | |
| 19. | 9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | st or similar device o | f which you are a | |
| | Name of trust | Description and va | alue of the propert | ty transferre | d | Date Transfer was made | |
| | 8: List of Certain Financial Accounts, Instrum | | | | your name or for you | ur henefit closed | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | | et 4 digits of count number | Type of account instrument | clos | e account was sed, sold, /ed, or sferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | before you filed for | bankruptcy, any s | afe deposit | box or other deposit | ory for securities, | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, Str State and ZIP Code) | | scribe the c | ontents | Do you still have it? | |
| 22. | Have you stored property in a storage unit or pla | ace other than your | home within 1 yea | ar before you | ı filed for bankruptcy | ? | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | - room in the dotation | Who also has a | | a a ulha di - | | Da (''' | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had to it? Address (Number, State and ZIP Code) | | scribe the c | ontents | Do you still have it? | |
| | | | | | | | |

Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Case 17-28080 Page 34 of 46
Case number (if known) Document

Debtor 1 **Pauline Shephard**

| Pa | t 9: Identify Property You Hold or Control for | Someone Else | | | |
|-----|--|--|--------|-------------------------------------|----------------------|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any prope | ∍rty y | ou borrowed from, are storing for | or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | escribe the property | Value |
| Pa | t 10: Give Details About Environmental Inform | ation | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | ir, land, soil, surface water, grour | _ | • | |
| | Site means any location, facility, or property as | | I law, | , whether you now own, operate, o | r utilize it or used |
| | to own, operate, or utilize it, including disposal Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | mental law defines as a hazardou | ıs wa | ste, hazardous substance, toxic s | ubstance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | en the | ey occurred. | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liabl | le und | der or in violation of an environme | ntal law? |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | ınd | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | ınd | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any en | viron | mental law? Include settlements a | nd orders. |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case |
| Pa | t 11: Give Details About Your Business or Cor | nections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did vou own a business or have a | anv of | f the following connections to any | business? |
| | ☐ A sole proprietor or self-employed in a | • | • | , | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partners | hip (l | LLP) | |
| | ☐ A partner in a partnership | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | |

 $\hfill\square$ An owner of at least 5% of the voting or equity securities of a corporation

Entered 09/20/17 09:33:35 Case 17-28080 Doc 1 Filed 09/20/17 Page 35 of 46 Case number (if known) Document Debtor 1 Pauline Shephard No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Pauline Shephard Signature of Debtor 2 **Pauline Shephard** Signature of Debtor 1 Date September 20, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 36 of 46

| Fill in this inforn | nation to identify your case: | | |
|--------------------------------------|--|--|--|
| Debtor 1 | Pauline Shephard First Name Middle Name | Last Name | |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: NORTHERN DIS | STRICT OF ILLINOIS | |
| Case number _ | | | |
| (if known) | | | Check if this is an amended filing |
| | | | amended ming |
| Official Fo | rm 100 | | |
| | | viduale Filipa Under Chente | . |
| Statemer | it of intention for indi- | viduals Filing Under Chapte | 2 12/15 |
| If you are an indi | vidual filing under chapter 7, you must f | ill out this form if: | |
| | e claims secured by your property, or | | |
| | ed personal property and the lease has | | |
| | | r you file your bankruptcy petition or by the date se he time for cause. You must also send copies to the | |
| on the f | form | · | • |
| | | oth are equally responsible for supplying correct in | formation. Both debtors must |
| J | d date the form. | | |
| | and accurate as possible. If more space our name and case number (if known). | is needed, attach a separate sheet to this form. On t | the top of any additional pages, |
| | , , | | |
| Part 1: List Yo | our Creditors Who Have Secured Claims | | |
| 1. For any creditor information be | | D: Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| | editor and the property that is collateral | What do you intend to do with the property that | |
| | | secures a debt? | as exempt on Schedule C? |
| Out a 111 a mile | | _ | _ |
| Creditor's C | arrington Mortgage Services | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No |
| | | ☐ Retain the property and enter into a | ■ Yes |
| Description of property | 512 S. 6th Avenue Maywood, IL 60153 Cook County | Reaffirmation Agreement. | |
| securing debt: | 1/3 intererst | Retain the property and [explain]: Retain property and pay current | |
| · · | | payments | _ |
| Part 2: List Yo | our Unexpired Personal Property Leases | : | |
| For any unexpire | ed personal property lease that you listed | d in Schedule G: Executory Contracts and Unexpire | |
| | | nexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)(2 | |
| | | - "^ | |
| Describe your u | nexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | | □ No |
| Description of lea Property: | asea | | ☐ Yes |
| | | | 00 |
| Lessor's name: Description of lea | ased | | □ No |
| Property: | ascu . | | ☐ Yes |
| | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 37 of 46

| Debtor | 1 | Pauline Shephard | Case number (if known) |
|-------------------|-----|---|---|
| | | | |
| Lessor | | | □ No |
| Proper | | n of leased | ☐ Yes |
| Lessor | | | □ No |
| Descrip Proper | | n of leased | ☐ Yes |
| Lessor | | ame: n of leased | □ No |
| Proper | | 101100000 | ☐ Yes |
| Lessor | | ame: n of leased | □ No |
| Proper | | Torreased | ☐ Yes |
| Lessor | | | □ No |
| Proper | | n of leased | ☐ Yes |
| Part 3: | | Sign Below | |
| | | alty of perjury, I declare that I have indicated at is subject to an unexpired lease. | my intention about any property of my estate that secures a debt and any personal |
| | | auline Shephard | X |
| | | ine Shephard ture of Debtor 1 | Signature of Debtor 2 |
| D | ate | September 20, 2017 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 42 of 46

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Pauline Shephard | | Case No. | | | | |
|-------------|---|--|--|---------------------------|-------------|--|--|
| | | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR DI | EBTOR(S) | | | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filir be rendered on behalf of the debtor(s) in contemplation of | ng of the petition in bankruptcy | , or agreed to be paid | to me, for services rende | ered or to | | |
| | For legal services, I have agreed to accept | | s | 1,200.00 | | | |
| | Prior to the filing of this statement I have received. | | \$ | 700.00 | | | |
| | Balance Due | | \$ | 500.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are mem | bers and associates of m | y law firm. | | |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the narrows. | | | | firm. A | | |
| 5. | In return for the above-disclosed fee, I have agreed to re | return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| 1 | a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credited. Representation of the debtor in adversary proceeding e. [Other provisions as needed] | ement of affairs and plan which ors and confirmation hearing, a | n may be required; nd any adjourned hea | | otcy; | | |
| 6.] | By agreement with the debtor(s), the above-disclosed fee | e does not include the following | g service: | | | | |
| | | CERTIFICATION | | | | | |
| | I certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement for | r payment to me for r | epresentation of the debt | tor(s) in | | |
| S | eptember 20, 2017 | /s/ Robert N. Hor | nig | | | | |
| D | ate | Robert N. Honig Signature of Attorna | | | | | |
| | | Robert N. Honig | <i>zy</i> | | | | |
| | | 116 S. York St. Suite 215 | | | | | |
| | | Elmhurst, IL 601 | 26 | | | | |
| | | (630) 834-1800 F | Fax: (630) 834-180 | 3 | | | |
| | | robert@robertho | nig.com | | _ | | |
| | | rume oj iuw jiimi | | | | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 43 of 46 <u>ATTORNEY - CLIENT AGREEMENT</u>

(the "Client"), hereby agrees to retain Robert N. Honig (the "Attorney") with offices at 116 S. York Street, Suite 215, Elmhurst, Illinois 60126, in relation to a Chapter 7 Bankruptcy (the "Matter").

- The Client agrees to pay for legal services performed in connection with the Matter, plus the costs of filing, for work performed by Robert N. Honig. The Client will pay in advance of filing the bankruptcy petition. All amounts paid are non-refundable. This Agreement represents an advance payment retainer, wherein the Client is paying up front for services to be performed by the Attorney in the future. The Attorney is unwilling to represent the Client without receiving an advance payment retainer. In the context of a bankruptcy, this arrangement is advantageous as it ensures that the fees paid will go to the Attorney and will not be subject to the rights of the Client's creditors. All funds paid shall be deposited into the Attorney's business account.
- 2. The fee includes counseling, preparation and filing of the bankruptcy petition and representation at the first meeting of creditors, but not preparation and filing of the Schedules, Statement of Financial Affairs, etc. There will be a separate agreement for the Schedules and Statement of Financial Affairs, etc. Any other proceedings in connection with the Matter, including but not limited to, representation with respect to any and all adversary proceedings will be charged at \$200 per hour, which is a one-third discount from my regular rate of \$300 per hour.
- 3. It is specifically agreed and understood that this Agreement is subject to an agreement by the Client to cooperate fully and that the Attorney reserves the right to terminate representation and withdraw if Client breaches any of his agreements hereunder, does not cooperate fully, or intentionally provides information which is untrue or inaccurate.
- 4. The Client authorizes and directs the Attorney to incur reasonable and necessary expenses and costs with respect to the Matter, and the Client agrees to pay for all out-of-pocket disbursements incurred in connection with the Matter (e.g., filing fees, overnight carrier expenses, and other incidental expenses). The filing fee of \$335 must be paid by the Client before the petition will be filed.
- 5. As with any legal proceeding, there is no law that requires you to retain an attorney for bankruptcy representation. You may represent yourself.
- 6. This agreement shall be construed in accordance with Illinois law. If the Client and the Attorney are unable to resolve differences with respect to any fee or expense, they hereby agree to make a good faith effort to resolve their dispute. If the dispute cannot be resolved, the Client and the Attorney hereby agree to file all claims in the Circuit Court of Dupage County, Illinois.
- 7. The foregoing represents the entire agreement between the parties hereto. The Attorney has not made any promises or guarantees with respect to the outcome of this case. Any predictions are based on the Attorney's good faith predictions pursuant to his experience and knowledge of the law. By signing below, the Client acknowledges having carefully read this Agreement, understanding its contents, and agreeing to be bound by all of its terms and conditions.
- 8. THE CLIENT RECOGNIZES THAT THIS IS A CONTRACT FOR SERVICES AND UNDERSTANDS THAT IT HAS THE RIGHT TO CONSULT WITH ANOTHER ATTORNEY CONCERNING THE TERMS OF THIS AGREEMENT PRIOR TO SIGNING IT

| | xe :TG(WDIM | ENTINOR TO SIGNI | NGII. |
|-------------|-------------|------------------|-------|
| Paulin Shop | a | | * |
| 9 /9 :- | | Attorney | |
| Date | | 74 70 7 7 | |
| | | Date | |
| Client | | | |
| | | | |
| Date | | | |
| | | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main ATPOCHMENT CLIENT AGREEMENT

(the "Client"), hereby agrees to retain Robert N. Honig preparation of Schedules and Statement of Financial Affairs, etc. for the Chapter 7 Bankruptcy, which is being filed (the "Matter").

1. The Client agrees to pay for legal services performed in connection with the Matter, for work performed by Robert N. Honig, payable as follows:

All amounts paid are non-refundable. This Agreement represents, in part, an advance payment retainer, wherein the Client is paying up front for services to be performed by the Attorney in the future. The Attorney is unwilling to represent the Client without receiving an advance payment retainer. In the context of a bankruptcy, this arrangement is advantageous as it ensures that the fees paid will go to the Attorney and will not be subject to the rights of the Client's creditors. All funds paid shall be deposited into the Attorney's business account.

- 2. It is specifically agreed and understood that this Agreement is subject to an agreement by the Client to cooperate fully and that the Attorney reserves the right to terminate representation and withdraw if Client breaches any of his agreements hereunder, does not cooperate fully, or intentionally provides information which is untrue or inaccurate.
- 3. This agreement shall be construed in accordance with Illinois law. If the Client and the Attorney are unable to resolve differences with respect to any fee or expense, they hereby agree to make a good faith effort to resolve their dispute. If the dispute cannot be resolved, the Client and the Attorney hereby agree to file all claims in the Circuit Court of Dupage County, Illinois.
- 4. The foregoing represents the entire agreement between the parties hereto. The Attorney has not made any promises or guarantees with respect to the outcome of this case. Any predictions are based on the Attorney's good faith predictions pursuant to his experience and knowledge of the law. By signing below, the Client acknowledges having carefully read this Agreement, understanding its contents, and agreeing to be bound by all of its terms and conditions.
- 5. THE CLIENT RECOGNIZES THAT THIS IS A CONTRACT FOR SERVICES AND UNDERSTANDS THAT IT HAS THE RIGHT TO CONSULT WITH ANOTHER ATTORNEY CONCERNING THE TERMS OF THIS AGREEMENT PRIOR TO SIGNING IT.

| 4 | 0101111011, | |
|---------------------|-------------|--|
| Client 9 19 17 Date | Attorney | |
| Client | | |
| Date | | |

Case 17-28080 Doc 1 Filed 09/20/17 Entered 09/20/17 09:33:35 Desc Main Document Page 45 of 46

United States Bankruptcy Court Northern District of Illinois

| In re | Pauline Shephard | | Case No. | |
|-------|--|---|-----------------------------|---------------|
| | | Debtor(s) | Chapter 7 | |
| | VERIFICATION OF CREDITOR MATRIX | | | |
| | | Number of C | reditors: | 10 |
| | The above-named Debtor(s) (our) knowledge. |) hereby verifies that the list of creditor | rs is true and correct to t | he best of my |
| Date: | September 20, 2017 | /s/ Pauline Shephard Pauline Shephard Signature of Debtor | | |

American Express Box 0001 Los Angeles, CA 90096-0001

Capital One P.O. Box 6492 Carol Stream, IL 60197-6492

Carrington Mortgage Services P.O. Box 5001 Westfield, IN 46074

Credit One Bank
P.O. Box 80015
Los Angeles, CA 90080-0015

Patricia Ellis 512 - 6th Ave. Maywood, IL 60153

Home Depot Credit Services PO Box 78011 Phoenix, AZ 85062-8011

Macy's PO Box 9001094 Louisville, KY 40290-1094

Sears Credit Cards PO Box 78051 Phoenix, AZ 85062-8051

SST Card Services P.O. Box 23060 Columbus, GA 31902

Johnny L. Webb 512 S. 6th Ave. Maywood, IL 60153